

for Infants and Toddlers with Disabilities and Their Families

Annual PERFORMANCE REPORT July 1, 2000 – September 30, 2001



STATE OF CALIFORNIA

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Publishing Information

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CHILDREN ARE OUR FUTURE. The investment we make in them today will benefit all of California tomorrow. Early intervention services make a difference in the lives of infants and toddlers, from birth to 36 months of age, at risk of or with developmental delays or disabilities and their families.

Based on the needs of the child and family, early intervention services can maximize the developmental potential of infants and toddlers with disabilities within the context of their everyday routines, relationships, activities, places, and partnerships. Family-focused services may increase their potential to live independently and exercise their full rights as citizens. Intervention started early can also lead to higher educational achievements for a child with disabilities, as well as an enhanced quality of life.

Part C of the federal Individuals with Disabilities Education Act (IDEA) and the California Early Intervention Services Act ensure that infants and toddlers with disabilities and their families receive coordinated services early enough to make a difference. Meeting the complex needs of infants and toddlers at risk of a developmental disability and their families involves the services and supports of multiple state and local agencies. For maximum effectiveness, these services are coordinated, flexible, culturally responsive, accessible, and, most importantly, responsive to the needs of the child and family.

In California, Early Start is intended to support and enhance the capability of every family with an infant or toddler at risk of or with a developmental delay or disability to meet the special needs of their child. Family unity is promoted through early intervention services and supports that are valued by families and that enrich their quality of life.





The California Department of Developmental Services (DDS) and the State Interagency Coordinating Council on Early Intervention (ICC) would like to extend their appreciation to the many people who contributed to this report. The development of the California Early Start for Infants and Toddlers with Disabilities and Their Families Annual Performance Report, July 1, 2000 - September 30, 2001 was a collaborative effort among DDS, lead agency for Part C, and the Departments of Education, Health Services, Social Services, Alcohol and Drug Programs, and Mental Health. Special thanks are extended to ICC committee chairpersons who represented the needs of children and families and whose committees' accomplishments are reflected in this report.

Essential to the development of this report were the staff from the Family Resource Centers Network of California, DDS liaisons who provided ongoing support to Early Start activities, and Early Start Resources staff who provided editorial and design expertise.

We would also like to recognize the contributions made daily by professionals who work with infants and toddlers throughout California in various Early Start programs. It is through their daily commitment that California is able to continue providing high quality services to its most vulnerable population.

Families play the most critical role in California Early Start. Therefore, we wish to acknowledge the commitment and tireless efforts of parents of children with special needs in making a difference. It is to all of California's families that this report is dedicated.

RICK INGRAHAM

Part C Coordinator California Department of Developmental Services

DR. RAYMOND M. PETERSON

Chair, State Interagency Coordinating Council on Early Intervention

TRUCTURE

of EARLY START in California

HE DEPARTMENT OF DEVELOPMENTAL SERVICES (DDS), as the Part C lead agency, is responsible for overall administration of the early intervention service system in California known as Early Start, in collaboration with the California Department of Education (CDE). The State Interagency Coordinating Council on Early Intervention (ICC) provides advice and assistance to DDS regarding Early Start. In addition, the Departments of Health Services, Mental Health, Social Services, and Alcohol and Drug Programs (DHS, DMH, DSS, and ADP, respectively) provide a variety of services that benefit families and young children with special needs.

Regional centers share primary responsibility with local education agencies (LEAs) for the coordination and provision of early intervention services at the local level. These

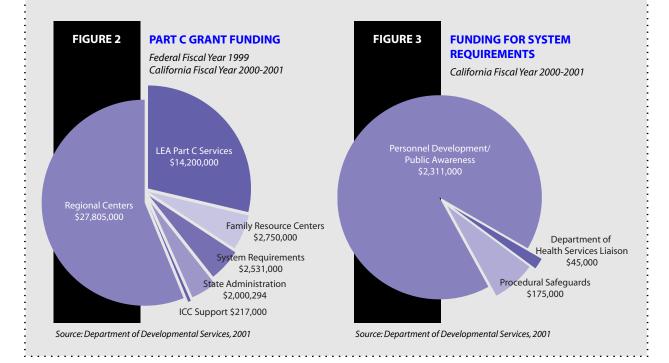
Regional centers share primary responsibility with local education agencies (LEAs) for the coordination and provision of early intervention services at the local level. These entities are also responsible for coordinating with other local agencies and organizations that may provide services to children eligible for Early Start.

Early Start Family Resource Centers and Networks (FRC/Ns) provide parent-to-parent support, transition assistance, and information and referral to families. The California Early Intervention Technical Assistance Network (CEITAN), a DDS-funded project of the WestEd Center for Prevention and Early Intervention (CPEI), assists in implementing the statewide comprehensive system of personnel development (CSPD). Early Start Resources (ESR), another DDS-funded project of WestEd CPEI, also provides assistance with public awareness and outreach activities.

To supplement California's early intervention system of services, a federal Part C grant of \$46.2 million was allocated during federal fiscal year (FFY) 1999, which is accessed by California in the state fiscal year (FY) July 1, 2000-June 30, 2001. California received \$46.9 million for FFY 2001 (Figure 1). Ninety percent of the federal Part C funds used in FY 2000-2001 were for early intervention service provision by regional centers and LEAs, as well as for family support services provided by FRC/Ns (Figure 2). Ten percent of the federal grant was used for state administration and required system components including CSPD and public awareness activities (Figure 3).

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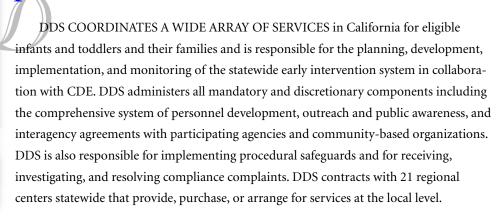
Eligibility

CALIFORNIA IS ONE OF ONLY 11 STATES to include infants and toddlers at risk for developmental disability in its Part C program, in addition to developmental delay or disability. The California Early Intervention Services Act states that infants and toddlers, from birth up to 36 months, are eligible for Early Start Services if (1) through documented evaluation and assessment it is determined that they need early intervention services, and (2) they meet one of the criteria listed below.

- Have a developmental delay (i.e., a significant difference between expected level of development for their age and current level of functioning) in one of five areas:
 - cognitive development
 - communication development
 - social or emotional development
 - physical and motor development, including vision and hearing
 - adaptive development
- Have established risk conditions of known etiology with a high probability of resulting in delayed development
- Are at high risk of having a substantial developmental disability due to a combination of risk factors

Department of

Developmental Services



Regional Centers

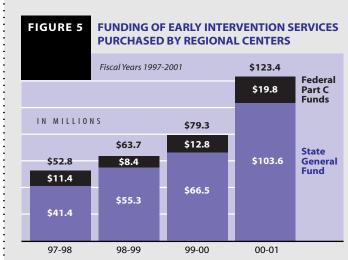
The 21 regional centers are the point of entry into the developmental disabilities service system that serves people of all ages under the Lanterman Developmental Disabilities Services Act. Regional centers provide intake, evaluation, and assessment to determine consumer eligibility and service needs. Part C funds supplement the State General Fund for regional centers to meet the additional requirements resulting from federal Part C mandates.

Services provided by regional centers are varied and are driven by the unique needs of the child and family. Early intervention services that are not available through other publicly-funded agencies are generally purchased from

FIGURE 4	EARLY INTERVENTION SERVICES PURCHASED BY REGIONAL CENTERS Fiscal Year July 1, 2000 – September 30, 2001
\$70,572,048	Infant Development Programs
\$10,802,367	Home Health Agencies
\$6,860,786	Respite
\$6,403,613	Other Services ¹
\$5,786,283	Occupational Therapy
\$4,493,713	Physical Therapy
\$4,324,523	Speech Pathology
\$2,112,197	Behavior Management
\$2,044,613	Day Care
\$1,829,314	Infant Specialist/School/Tutor/Teacher
\$1,821,078	Transportation ²
\$1,110,459	Nursing

Revised service codes were implemented in July, 2000; therefore service categories are not directly comparable to the categories used in past reports.

service providers who are "vendored" by a regional center. The majority of expenditures for services are provided by infant development programs. In specific communities, some regional centers contract with an LEA's infant/toddler program(s) to provide early intervention services. Vendored and LEA programs are family focused



Funding increased in FY 2000-01 to support the increased costs of services being provided in natural environments.

Source: Department of Developmental Services, 2001

^{1 &}quot;Other Services" includes optional Early Start program services, such as medical expenses, and is the aggregation of expenditures for all of the other services purchased for children under the age of 3 that are not specifically identified in this figure, such as counseling, translation, interpreting, durable medical equipment, nutritional services, etc.

² Transportation costs are limited to specific fee for service expenditures; contracted transportation expenditures are not linkable by age or individual service recipients.

Source: Department of Developmental Services. 2001

and may provide services in the home, child care, or other community setting. Services may include special instruction, specialized therapies, family support services, ongoing assessment, transition support, and other early intervention services as identified in the child and family's individualized family service plan (IFSP). Regional centers also provide service coordination, advocacy, and information referral.

Figure 4 shows early intervention services purchased by regional centers from July 1, 2000-September 30, 2001. Figure 5 shows the total purchase of service expenditures by regional centers and funding source since FY 1998-99. Figures 6 and 7 show the total number of children served by regional centers and their ethnicities.

FIGURE 6	CHILDREN UNDER AGE 3 YEARS SERVED BY REGIONAL CENTERS Fiscal Years 1993 – 2001
20,884	July 01
19,758	July 00
18,346	July 99
17,314	July 98
16,997	July 97
17,051	July 96
16,578	July 95
15,568	July 94
12,875	July 93

FIGURE 7	CHILDREN UNDER AGE 3 YEARS BY ETHNICITY SERVED BY REGIONAL CENTERS September 1, 2001
7,094	Hispanic
4,570	White
1,307	African American
686	Asian
295	Mixed
199	Filipino
45	Native American
32	Polynesian
668	Other
6,794	Unknown

Source: Department of Developmental Services, 2001

Source: Department of Developmental Services, 2001

Early Start Family Resource Centers and Networks

DDS annually allocates \$2.75 million in Part C funding to 55 FRC/Ns through 33 local contracts. These FRC/Ns actively collaborate with local regional centers and LEAs to help parents and families access early intervention services. Many FRC/Ns provide unique services depending on the needs of their local communities. Support services are available in many languages and are culturally responsive to the needs of individual families.

Early Start FRC/Ns:

- participate in community outreach activities that distribute information, encourage referrals, and assist families to access needed services;
- provide peer support to parents as they learn to enhance their child's development and make informed choices, especially during transition from Part C to Part B special education preschool services;
- support an interagency, community-based approach that underscores the familyfocus priority of Early Start; and
- promote and model interagency collaboration and parent-professional partnerships.

In addition, many FRC/Ns have newsletters, resource libraries, websites, parent and/or sibling support groups, and telephone "warmlines" or "babylines" for support, information, and referral purposes.

Support services are available in many languages and are culturally responsive to the needs of individual families.

Referrals to Regional Centers for Early Start Services

During the reporting period, 12,312 children were referred to regional centers to determine their eligibility for Early Start services. The following represents an analysis of those referrals.¹

ETHNICITY	
4,269	Hispanic
2,847	White
690	African American
431	Asian
191	Mixed
122	Filipino
28	Native American
18	Polynesian
431	Other
4,839	Unknown

AGE	
31.34%	Under Age 1
33.40%	Age 1
35.26%	Age 2

GENDER	
61.77%	Male
38.23%	Female

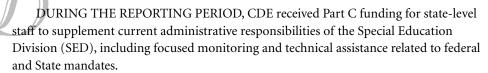
SOURCE	
3,674	Parent
3,345	Hospital
2,392	Physician/Health Plan
480	Child Protective Agency
424	County Health Department
265	Local Education Agency
248	Private Service Agency
150	Department of Social Services/County Welfare
116	California Children Services
94	Child Care Provider
45	Family Resource Center
21	County Mental Health
20	Child Health and Disability Prevention
16	Maternal and Child Health
1,022	Other

¹ These numbers represent a point in time. Therefore, totals may not match those in corresponding figures.

Source: Department of Developmental Services, 2001

California Department of

Education



CDE participates in the investigation of compliance complaints concerning LEAs, local dispute resolutions, program monitoring, and training and technical assistance activities. These ongoing activities are within the context of the overall responsibilities of the SED for oversight and support of early childhood special education programs for infants, toddlers, preschoolers, and their families, along with educational services to children birth to 22 years of age.

Special Education Local Plan Areas

Early childhood special education programs in California, which include early intervention services, are coordinated by 116 Special Education Local Plan Area (SELPA) administrators and are provided by LEAs such as school districts and county offices of education. Under California Early Start, LEAs have primary responsibility to provide evaluation, assessment, and individually designed services for infants and toddlers with a solely low incidence disability (vision, hearing, and severe orthopedic impairments or a combination of these disabilities).

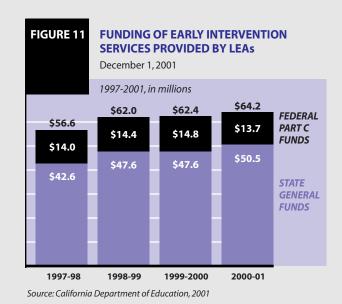
The December 1, 2001 pupil count of the California Annual Special Education Management Information System showed that LEAs provided early intervention services to approximately 5,265 infants and toddlers with disabilities ages birth to 36 months (Figure 8). Nearly 39 percent of these children also received services from a regional center. Figure 9 provides a breakdown of the various ethnicities served, and Figure 10 lists the disabilities of the children served by LEAs under Early Start.

FIGURE 8	CHILDREN UNDER AGE 3 SERVED BY LEAS 1993–2001
5,265	2000-01
5,136	1999-2000
5,096	1998-99
5,074	1997-98
5,129	1996-97
5,120	1995-96
5,199	1994-95
4,905	1993-94

FIGURE 9	CHILDREN UNDER AGE 3 BY ETHNICITY SERVED BY LEAS December 1, 2001
2,265	White
2,166	Hispanic
463	African American
225	Asian
93	Filipino
29	Native American
24	Pacific Islander

Source: California Department of Education, 2001

FIGURE 10	DISABILITIES OF CHILDREN UNDER AGE 3 SERVED BY LEAS December 1, 2001
1,253	Other Health Impaired
1,028	Speech or Language Impaired
978	Mentally Retarded
806	Orthopedically Impaired
359	Visually Impaired
271	Multihandicapped
265	Hard of Hearing
184	Deaf
48	Autism
46	Specific Learning Disability
14	Traumatic Brain Injury
4	Emotionally Disturbed



Source: California Department of Education, 2001

instruction, service coordination, family support services, and other early intervention services identified in the IFSP in the home, child care, or other community setting.

CDE allocates Part C funds to SELPAs to supplement existing fund sources in LEAs. LEAs use these funds to pay for increased costs related to implementing the additional federal requirements and procedures, adding new services for children with solely low incidence disabilities, and extending the early intervention program year to 200 days for infants and toddlers served by LEAs. In FY 2000-2001, LEAs received \$13.7 million in Part C funds (see Figure 11).

Since 1980, California law has included a partial mandate for early education programs to serve infants and toddlers with disabilities. Under California Education Code, LEAs are mandated to continue providing early childhood special education services to the number of children they served in 1980-81, and LEAs must provide services to a number of additional children to continue to qualify for their current level of state funding.

LEAs provide special instruction, service coordination, family support services, and other early intervention services identified in the IFSP in the home, child care, or other community setting. LEAs also coordinate with the local regional center and other agencies and organizations during the evaluation and assessment process and IFSP development. For children who are dually served, LEAs usually provide basic special education and related services; service coordination is provided by either the LEA or regional center.

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Interagency



EARLY START INTERAGENCY PARTNERS offer a broad array of services in coordination with DDS and CDE. DHS administers various programs that respond to the health and medical needs of children eligible for its programs. DMH directs and coordinates the statewide delivery of mental health services. DSS assists individuals to become financially, physically, emotionally, and socially independent; to prevent or remedy neglect, abuse, or exploitation of children and adults; and to provide appropriate home, community, or institutional care for those in need within the least restrictive environment possible. ADP directs and coordinates the statewide effort to prevent and reduce alcohol and drug abuse and their effects.

State Interagency Coordinating Council on

EARLY INTERVENTION

THE ICC PROVIDES ADVICE AND ASSISTANCE to DDS concerning the statewide system of early intervention services and assists DDS in achieving the full participation, cooperation, and coordination of state agencies that serve young children and their families.

The ICC meets six times per year in different areas of the state and serves as a forum for public input from parents, service providers, service coordinators, professional organizations, institutions of higher education, and others about federal, state or local policies that support the timely delivery of early intervention services.

The mission of the ICC is to promote and enhance a coordinated family service system for infants and toddlers, from birth to 36 months, who have or are at risk of having a developmental disability or have delays and their families, utilizing and encouraging a family-centered approach, family-professional partnerships, and interagency collaboration.

The Governor appoints members to the ICC. The Council is comprised of parents of children with or at risk for developmental delays or disabilities, early intervention service providers, health care professionals, state agency representatives, and others interested in early intervention. In addition, the ICC Chair may appoint community representatives to provide increased participation of parents, providers, and other interested parties.

The mission of the ICC is to promote and enhance a coordinated family service system for infants and toddlers, from birth to 36 months, who have or are at risk of having a developmental disability.

During the reporting period the ICC continued its commitment to provide advice and assistance to the lead agency to ensure a seamless system of delivering early intervention services. To address this commitment, the ICC:

- provided representatives to participate on the State's Early Start monitoring teams:
- convened an ad hoc task force to make recommendations regarding interagency strategies to promote and support collaboration among agencies and programs serving children with disabilities that are involved in the foster care system;
- responded to a request from DDS to appoint members to serve on the Service Delivery Reform Committee to help identify systemic changes that would support positive family and child outcomes; and
- provided representatives to assist DDS and Early Head Start in the development of a state-level memorandum of understanding.

During the reporting period the ICC approved the following documents as recommendations for submission to DDS:

- Children with Chronic Illness or Fragile Health Conditions: A Clarification of Eligibility developed by the Health Systems Committee.
- Recommendations on Early Start Collaboration with Foster Care developed by the Ad Hoc Committee on Foster Care.
- Recommendations for the California Early Start Strategic Plan for Comprehensive Child Find and Public Awareness (2000-2003) developed by the Public Awareness Committee.

The ICC has five standing committees that advise and assist DDS regarding the needs of infants and toddlers and their families.

THE COMMITTEE-OF-THE-WHOLE consists of the Governor-appointed ICC members and serves as a forum for open discussion. The following are some of the pertinent issues discussed by this committee during the reporting period:

- State budget and fiscal trends
- Early Start continuous improvement activities
- Early Start monitoring
- Foster care issues
- Legislation affecting young children
- DDS Service Delivery Reform efforts
- Strategies to ensure ongoing effective service delivery, interagency collaboration, and parent-professional partnerships
- Service provision in natural environments





THE FAMILY SUPPORT SERVICES COMMITTEE provides advice to the ICC to ensure that the priorities of families and their children remain foremost in the delivery of early intervention services. During the reporting period the committee provided input on the following issues:

- Strategies to increase interagency collaboration and cooperative service delivery in support of quality child care services for children eligible for Early Start
- FRC/N staff and volunteer competencies
- Strategies related to service provision in natural environments and parental involvement in implementation of local planning
- Parent involvement in local and statewide stakeholder meetings
- Strategies to increase parent participation and public input at ICC meetings

THE PUBLIC AWARENESS COMMITTEE provides advice to the ICC on issues pertaining to child find and outreach activities that coordinate, support, and promote California Early Start. During the reporting period the committee conducted the following activities:

- Recommended a three-year California Early Start Strategic Plan for Comprehensive Child Find and Public Awareness
- Provided advice and assistance to update and revise several Early Start resources, including the traveling displays, public service announcement, and Early Start logo
- Prioritized activities for outreach efforts to the foster care system
- Reviewed and provided input about awareness activities to professional referral sources, informational materials specific to families, and dissemination strategies to underserved populations
- Suggested outreach to specific conferences and training events

THE QUALITY ASSURANCE AND PERSONNEL AND PROGRAM STANDARDS COMMITTEE provides advice to the ICC on issues pertaining to the Early Start system components that ensure infants, toddlers, and their families receive quality early intervention services delivered by competent and qualified professionals. During the reporting period the committee conducted the following activities:

Provided advice and assistance regarding the State's Early Start monitoring process and collaboration with the CDE verification process

- Identified issues for parents, service providers, regional centers, and LEAs regarding the transition to and expansion of early intervention services in natural environments
- Reviewed and provided recommendations concerning the California Early Start Continuous Improvement Plan
- Reviewed and provided input on Early Start mediation and due process data
- Continued refinement of proposed quality personnel and program indicators

THE HEALTH SYSTEMS COMMITTEE provides advice to the ICC on issues pertaining to the evaluation and assessment of the health and developmental needs of infants and toddlers (and their families) to ensure that all young children receive:

- health and developmental assessments to identify needs;
- appropriate referrals to needed specialists, agencies, and special programs, including Early Start; and
- timely intervention and services for their health and developmental needs as part of their initial and ongoing IFSPs.

During this reporting period this committee conducted the following activities:

- Addressed strategies to integrate health status into evaluation, assessment, IFSP development, and early intervention service delivery
- Developed dissemination strategies for the technical assistance document Children with Chronic Illness or Fragile Health Conditions: A Clarification of Eligibility
- Discussed strategies and models to support appropriate hearing and vision screening/assessments
- Provided input regarding screening and diagnosis of Autistic Spectrum Disorders

N N O VAT I V E

Models of SERVICE DELIVERY

Natural Environments

DS implemented a statewide plan to support local community efforts as they addressed the requirement to provide early intervention services in the child's natural environment. Two Early Start Forums on Natural Environments were conducted to address providing services for children and families within their natural environments through everyday routines, relationships, activities, places, and partnerships (ERRAPP). The Forums examined how the goals and practices of ERRAPP are developed, supported, and documented throughout the IFSP process, service coordination, service delivery, teaming, staff supervision, and training.

Through the Forums and ongoing dialogue with early intervention service providers and families, the Early Start community was able to explore key issues, successes, practical strategies, common questions, and continuing challenges to providing services for children and families within ERRAPP. Following were some of the lessons learned and shared as the paths to ERRAPP were explored.

- All children and families are unique and have individual strengths and resources. The presence of a special need is not the defining characteristic of a family.
- Children grow and develop within the context of relationships with their families and other caregivers. Meaningful services and supports centered around family relationships enhance opportunities for children to learn and develop.
- Family relationships are enhanced when they are successful in maintaining their everyday lives and routines. These routines offer rich learning and development enhancing opportunities.
- All children have the right to belong and participate in the typical places and activities of their community. Environmental accommodations can support active participation and learning.
- Children with and without special needs learn important things from each other.

All members of the Early Start community have benefited from traveling the path to ERRAPP together. California Early Start is committed to innovative service delivery models that really make a difference.

All children have the right to belong and participate in the typical places and activities of their community.

ARLY START

ACTIVITIES and ACCOMPLISHMENTS

Monitoring and Review

ffice of Special Education Programs (OSEP) Monitoring: The findings of a June 1998 focused monitoring of California Early Start conducted by OSEP were released to DDS in July 1999. The final OSEP monitoring report identified two commendable DDS initiatives and five findings of noncompliance with federal law that needed improvement. DDS prepared a Continuous Improvement Plan in August 1999 that responded to the five areas of noncompliance. OSEP approved California's Early Start Continuous Improvement Plan in March 2000. The Continuous Improvement Plan has been fully implemented to ensure high quality early intervention services are provided statewide.

In-State Monitoring: Under the management of the DDS Early Start Local Support Section, the San Andreas Regional Center and Tri-Counties Regional Center catchment areas were monitored for compliance within the full scope of Early Start requirements. Monitoring teams included DDS and CDE liaisons, parents, regional center staff, and a representative from the ICC. In addition, individual child record reviews were conducted at each of the 21 regional centers to ensure compliance with State and federal record keeping requirements. Record review sessions with each regional center were conducted as both a quality assurance effort and a policy training and technical assistance consultation.

Technical Assistance

DDS Regional Center Liaisons: The Early Start Local Support Section of DDS has designated liaisons to regional centers, family resource centers, and other local early intervention programs. The liaisons provided technical assistance through site visits, record reviews at least twice each year in every regional center catchment area, and by conducting or participating in on-site training and consultation. Areas of technical assistance included development of local interagency agreements, evaluation and assessment, multidisciplinary IFSP development, resource development, service delivery in natural environments, and system collaboration. Liaisons also responded to specific requests for information and assistance.

CDE Consultants: Special Education Consultants from CDE participated in program monitoring and training and technical assistance activities in collaboration with DDS liaisons. These activities provided oversight and support to early childhood special education programs for infants, toddlers, preschoolers, and their families, along with educational services to children birth to 22 years of age.

Supporting Early Education Delivery Systems (SEEDS): The SEEDS Project, contracted through the Sacramento County Office of Education, responded via their network



of core and specialized consultants and visitation sites to 194 requests (more than 1,080 participants) for technical assistance requested by early childhood education agencies during the reporting period. Visitation sites include infant and preschool programs funded by CDE or vendored through the regional center system. SEEDS encourages LEAs to include families, regional center staff, FRC/Ns, and operators of vendored programs in trainings. Under the direction of CDE, SEEDS staff also supported DDS in Early Start monitoring activities. SEEDS staff and consultants participated in five Early Start monitorings involving 60 days of staff/consultant time. SEEDS staff also made presentations at SELPA and Special Education Administrators of County Office of Education meetings.

Comprehensive System of Personnel Development

Early Start's CSPD system provides the framework for coordinating the delivery of personnel development activities throughout California. Elements of the Early Start CSPD include:

- Preservice preparation
- Inservice training
- Technical assistance
- Training and needs assessment
- Service provider recruitment and retention
- Evaluation

Under the management of the Early Start State Services Section, DDS contracts with the WestEd Center for Prevention and Early Intervention for CEITAN to facilitate the implementation of CSPD projects. Following are statewide projects and activities that provided training, technical assistance, family education resources, and program and staff development for various aspects of Early Start.

Early Start Statewide Institutes: These Institutes address early intervention competencies for professionals in five core content areas, two of which address service coordination. Nearly 1,000 Early Start personnel were trained during the reporting period.

To meet ongoing professional development needs, the *Early Start Service Coordinator's Handbook* was completed and more than 300 copies disseminated via training Institutes conducted throughout the state. The *Statutes and Regulations Governing Early Start* was updated to reflect changes enacted since the previous edition.

Special Topic Trainings: Comprehensive training was offered on special topics related to Early Start and the delivery of early intervention services. Two forums were held on providing services in natural environments for more than 300 participants from regional centers, family resource centers, LEAs, and vendored programs. Parents and professionals shared how early intervention services can be delivered within a child and family's everyday routines, relationships, activities, places, and partnerships.

Annual Family Resource Centers and Networks Conference: This conference, sponsored by DDS in partnership with the Family Resource Centers Network of California, is dedicated to providing training and networking opportunities for FRC/N staff and families who provide parent-to-parent support. More than 200 participants attended the Third Annual FRC/N Conference to learn about a range of new and innovative ideas, strategies, and ways to support families. The theme of the conference was "Supporting Families."

Early Start's
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delivery of personnel
development
activities throughout
California.

Early Start Personnel Development Scholarship Fund: This fund provides financial support to early intervention personnel for professional development. During the reporting period, 1,134 awards were given for conference attendance; 62 for college coursework; 83 for start-up grants; and 1,144 for local training events. During the reporting period, more than 2,400 people accessed assistance from the scholarship fund.

Community College Personnel Preparation Project: This project provides technical and fiscal support to 26 community college child development programs to infuse early intervention competencies into their child development curricula. During the reporting period, six community colleges joined the project and the Mentor Network Model was implemented. Mentor Network Model activities included the continued development of a training curriculum manual for pilot sites and the training of mentors.

Early Start Consultant Network: The Network provides technical assistance in CSPD product development, the site monitoring process, and other State priority projects. During the reporting period more than 130 consultants were utilized for various CSPD activities and the Network was automated via a database to expedite the search for specialized consultants. The Consultant Network was instrumental in completing the Early Start Service Coordinator's Handbook, Volumes 1 and 2; 300 copies were disseminated to participants at three Early Start Service Coordination Institutes. The Consultant Network assisted in the development of a training curriculum aligned with the Handbook and an evaluation of its effectiveness.

Supportive Supervision and Mentorship: This project was initiated to explore supervision models that support personnel development. A resource binder was developed and dissemination strategies discussed to assist agencies and programs in identifying mentorship and supervision models compatible with their programs. During the reporting period, a feasibility study and final report were completed that included program evaluation data, pilot site replication strategies, and recommendations for implementing a Statewide mentor plan.

Dispute Resolution

In Early Start,
parents have rights
and protections to
resolve disagreements related to
services or to allegations that federal or
State statutes or
regulations have
heen violated

In Early Start, parents have rights and protections to resolve disagreements related to services or to allegations that federal or State statutes or regulations have been violated. Two separate processes deal with such issues.

The Compliance Complaint process is used to investigate and resolve alleged violations of statutes or regulations by DDS, CDE, a regional center, LEA, or any service provider receiving Part C funds. Anyone may file a written complaint. The Office of Human Rights and Advocacy Services, a division of the DDS Director's Office, is responsible for investigating and rendering final decisions on all Early Start complaints.

FIGURE 12	RESOLUTION OF COMPLAINTS July, 2002
2	In compliance
15	Out of compliance
5	Partial Compliance
1	Withdrawn
1	Dismissed – Lanterman issue
1	Active

Source: Department of Developmental Services, 2001

During the reporting period, 25 complaints were filed with DDS, the Part C lead agency. The results of these complaints are shown in Figure 12.

Figure 13 shows an analysis of the data which indicates that the percentage of complaints related to delivery of appropriate and timely services, provision of services at no cost, and the IFSP process decreased 11, 12 and 16 percent respectively from the previous reporting period. The percentage of complaints related to meeting the 45-day timeline and service coordination responsibilities increased 17 and 9 percent respectively. Fourteen percent of the complaints were in the "Other" category and related to the use of outside assess-

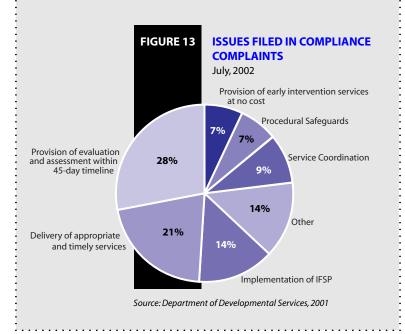


FIGURE 14	RESULTS OF MEDIATION July, 2002
21	Settled in Mediation
133	Dismissed or Withdrawn
61	Granted
8	Partially Granted
10	Denied
11	Pending

Source: Department of Developmental Services, 2001

FIGURE 15	ISSUES RAISED MOST FREQUENTLY July, 2002
85	Delay in Provision of Services
74	Other
61	Speech/Language Services
45	Denial of Service
28	Level of Service
27	Respite
27	Behavior Services (Autism)
21	Physical/Occupational Therapy
20	Transition/Eligibility

Source: Department of Developmental Services, 2001

ments, implementation of local interagency agreements, natural environments, referral to family resource centers, and parent involvement in eligibility determination. The percentage of other issues remained similar to the previous reporting period.

Agencies found out of compliance participated in the development of a plan of corrective action and receive training and technical assistance from a DDS liaison during implementation.

Mediation and Due Process Hearings are used to resolve issues between parents and a regional center or LEA related to a proposal or refusal for identification, evaluation, assessment, placement, or services regarding an individual child. A parent, legal guardian, or authorized representative may file a request. The Office of Administrative Hearings, under contract with DDS, conducts mediation conferences and due process hearings.

During the reporting period, 244 requests for Mediation and Due Process Hearings were filed. The majority involved regional centers. Fifty-seven percent of the cases were withdrawn or dismissed, usually as a result of informal resolution at the local level.

Figure 14 shows the results of these requests for mediation and due process and Figure 15 shows the 10 most frequent issues raised in order of highest to lowest.

The issue category for "Other" may include assistive technology, infant development, aquatic therapy, audiology, compensatory services, diapers, dietary/nutritional supplements, music therapy, nursing, or parent training/materials.

This information is used by DDS to identify trends in issues and to determine if specific training and/or technical assistance is needed.



Child Find and Public Awareness

California Early Start Child Find and Public Awareness: The purpose of this activity is to develop multimedia products and implement dissemination strategies to promote statewide and local child find efforts. Under the management of the Early Start State Services Section, DDS has a contract with Early Start Resources under the WestEd Center for Prevention and Early Intervention. More than 280,000 Early Start public awareness materials were disseminated to early intervention service providers, families, and targeted outreach populations in a concerted effort to locate, identify, and refer infants and toddlers who may be in need of early intervention services.

- To address California's cultural diversity, the Family Introduction to Early Start brochure was revised. Targeted outreach efforts included translating the brochure to Chinese and redesigning and disseminating it to California tribal nations and rancherias.
- To assist parents in locating accurate procedural safeguard information, the *Parents' Rights in Early Start* booklets were revised and reprinted to reflect the new contact information for the Office of Administrative Hearings and their jurisdictions.
- To promote general awareness about Early Start, two portable traveling displays featuring Early Start consumers were designed and made available for loan at training events, conferences, and meetings.

Early Start Resources: This project provided resources and technical assistance to nearly 2,350 people during the reporting period. More than 1,085 Early Start Library items were disseminated along with 600 copies of the updated *Early Start Library Catalog* and approximately 2,120 topical bibliographies. A total of 31 local training workshops and conferences were supported with Early Start resource provision.

Under the direction of DDS, ESR also facilitated the production of the *California Early Start Central Directory of Early Intervention Resources*, which is updated annually and disseminated to 8,000 people or entities in the Early Start community. The *Central Directory* is also accessible electronically at www.dds.ca.gov/earlystart.

BabyLine: DDS maintains a toll-free telephone information line. During the reporting period, a total of 3,054 telephone inquiries were received through the Children and Family Services Branch BabyLine router system. Of this total, 2,705 requests were for information about Early Start or referral information and 349 were requests for materials.

Public Service Announcement: The DDS TV Center assisted Early Start in updating a video production promoting referral to Early Start and the telephone information line. The public service announcement features infants and toddlers receiving early intervention services within their everyday routines and in natural environments. The public service announcement reflects California's cultural diversity and was widely disseminated to television broadcast stations in English, Spanish, and closed captioned formats.

Governor's Proclamation of Early Start Month: DDS joined Governor Gray Davis in declaring March 2001 Early Start Month. This recognition reflected the collaborative efforts of parents, early intervention professionals, and state agency personnel to enhance early intervention services for infants and toddlers at risk of or with developmental disabilities and their families. This significant endorsement of California's early intervention service system supports and acknowledges the many parents and professionals who participate daily in the activities of Early Start.

Early Start Internet Home Page: DDS developed and maintains a website to provide the public with information about regional centers and services and supports provided to children and adults with developmental disabilities. Information specific to Early Start includes:

- Eligibility information
- Service provision
- Parents' rights
- Federal and State statutes and regulations
- Dispute resolution processes
- Family Resource Centers and Networks Conferences
- Early Start Central Directory
- Resource materials
- Training and technical assistance links
- ICC agendas and meeting minutes

The Early Start page can be accessed at www.dds.ca.gov/earlystart.

Family Support

Family Resource Centers and Network of California: California is one of the few states with a structured, statewide system of family supports. DDS financially supported the bimonthly meetings of the FRCN of CA in conjunction with the ICC meeting. This support promoted parent-professional collaboration by acknowledging the family's central role in all aspects of the decision making process.

California is one of the few states with a structured, statewide system of family supports. "Supporting Families: Family Resource Centers and Networks Third Annual

Conference:" To ensure that quality parent-to-parent and family support services are delivered by qualified staff, DDS sponsors an annual conference for FRC/N staff. Nearly 250 participants attended this conference dedicated to providing a range of new ideas, strategies, supports, and networking opportunities for families and support staff. Participants became familiar with competencies needed for early intervention parent-to-parent support personnel within the FRC/Ns via the A.S.K. Model (Abilities, Skills & Knowledge). Dr. Terry Tafoya, a Native American family therapist, used Native American legends and themes to examine the gifts that parents give to their children and the gifts parents receive from the experience.



Interagency Coordination

California Department of Education: During the reporting period, CDE continued to collaborate with the lead agency through a variety of activities. Sponsorship continued for several conferences, workshops, and regional meetings pertaining to the birth-to-3-year old population and the personnel who work with those children. Additionally, CDE participated in DDS monitoring reviews of regional center catchment areas. Agency representatives also accompanied DDS in targeted technical assistance. The Special Education Division focused its consultant activities to address and monitor all education programs for children birth to 22 years.

In July 2000, DDS updated the Early Start Interagency Agreement between DDS, Community Services and Supports Division, and the CDE, Special Education Division. This agreement was first signed in 1993. The purpose of the agreement is to describe selected policies and procedures related to the California Early Start service delivery system. The Agreement also defines financial responsibilities as well as procedures for resolving disputes and ensuring coordination of transition. As a result of the joint efforts of DDS and CDE, compliance is assured with all statutes and regulations related to the delivery of early intervention services.

Department of Health Services: During the reporting period there was continued work to develop a revised interagency agreement between the Children's Medical Services (CMS) Branch and the Medi-Cal Managed Care Division (MCMD) of DHS and Early Start. The purpose of the agreement is to improve the coordination of services for California's children, birth to 36 months, with or at risk for disabilities and their families by establishing a common set of working guidelines and procedures to support collaboration between Early Start and CMS and MCMD.

CMS continued to be an active participant on the ICC. DHS supported the participation of a CMS Branch medical consultant on the ICC Committee-of-the-Whole and on the ICC Health System Committee as well as a Health Program Manager in collaborative activities with DDS and CDE regarding the implementation of the California Newborn Hearing Screening Program (NHSP).

During the reporting period, CMS:

- contributed extensive input to the HSC white paper, The Role of Occupational Therapy, Physical Therapy, and Speech-Language Therapy in Early Intervention Services in California;
- represented the Early Start perspective in program and policy development activities of the CMS Branch, as well as to local and State DHS programs;
- provided medical review on topics such as autism and vision screening;
- disseminated the Central Directory of Early Intervention Resources to various DHS programs and at various trainings and workshops;
- provided representation at the Map to Inclusive Child Care meetings;
- collaborated with CDE and DDS in implementing a single point of entry referral system to Early Start for infants identified with a hearing loss;
- provided outreach and education to the early intervention community regarding the NHSP;
- participated in ICC workgroup meetings regarding natural environments; and
- collaborated with the University of Southern California on medical home issues and approaches to service provision.

CMS also convened regional workshops focused on the provision of family-centered service delivery for children with special health care needs, participated in numerous Early Start-related conferences and events, presented to the Association of Regional Center Agencies regarding the NHSP and the role of the Hearing Coordination Centers, and included Early Start professionals from regional centers, LEAs, DDS, and CDE on the California NHSP Advisory Group.

The number of infants, birth to 36 months of age, served through the Medically Vulnerable Infant Program (MVIP) continued to increase. The MVIP provided home-based visits, health care coordination, comprehensive assessments, monitoring and interventions, referrals, education/counseling, and support for parents and caregivers of medically vulnerable infants.

Department of Social Services: The DSS representative on the ICC co-chairs the Family Support Services Committee and continued to promote an agenda to improve outcomes for children and families in the child welfare system. DSS recently conducted the following activities:

- Established the Child Welfare Services Stakeholders Group to plan a reform effort for the child welfare system. This reform will include a comprehensive continuum of integrated services from early intervention through court-ordered services.
- Entered into an Interagency Agreement with DHS to create the Health Care Program for Children in Foster Care. The program is designed to provide public health nurses in county departments of social services and probation to serve as resources to ensure that foster children and youth receive appropriate and needed medical, mental/behavioral, and dental health care services.

DSS programs that promote family-centered services to serve vulnerable children include the following:

- California Safe and Healthy Families Home Visiting Program
- Family Conferencing for overburdened families
- Kinship Support Services Program, which focuses on supporting relatives to be successful in their roles as caregivers and currently operates in 11 counties
- Wraparound Process for those children and families with the most complex and enduring needs

Additionally, DSS established the Resource Center for Family-Focused Practice at the University of California, Davis, to promote family-centered practice in education, child welfare, mental health, and juvenile justice through collaboration, training, and research.

Department of Alcohol and Drug Programs: ADP continued to provide information on early intervention to perinatal providers and discussed the availability of early intervention services. An ADP representative to the ICC served on the Health Systems and Public Awareness Committees. ADP educated women receiving substance abuse treatment about available services and how to access these services early.

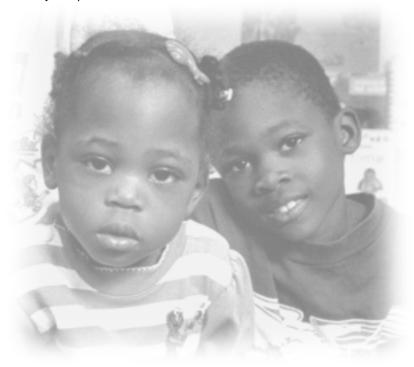
ADP's Office of Perinatal Substance Abuse oversees the State's Perinatal Services Network, which is made up of approximately 250 perinatal treatment programs serving more than 12,000 pregnant and parenting women and 18,400 of their children each year. This network provided a comprehensive continuum of perinatal services based upon the individual needs of the clients and their children. Most perinatal programs have child development components, which include working with mother-child dyads; performing developmental assessments; and providing therapeutic child care, age appropriate

activities, child development groups, and parent education and support groups. Case managers also conducted a variety of developmental screenings; provided linkages to specialized health care, local public health agencies, regional centers, family resource centers, and other agencies; and ensured that children received developmental follow-ups when appropriate. In many programs, staff training was provided on high-risk follow-up, case management, and early intervention.

Department of Mental Health: The Children's System of Care (CSOC) Initiative began in 1985 and expanded to include 54 counties. DMH provided counties with allocations for the purpose of developing comprehensive and integrated service systems for seriously emotionally disturbed children and included children birth to 5 years of age and their families in the target population. Part of the CSOC core requirements included the development and evaluation of integrated service programs, shared funding, and priority setting for interagency services. This model emphasized family-centered, culturally competent approaches that have been effective in reducing service gaps, improving access, and increasing the availability of community-based services within the least restrictive and normative environments.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services were available to Medi-Cal eligible children, birth to 21 years of age, requiring medically necessary services to correct or ameliorate a defect, physical or mental illness, or a condition identified through the EPSDT screening process. These services included mental health preventative services and Therapeutic Behavioral Services.

DMH prevention programs included California's Infant, Preschool & Family Mental Health Initiative funded by the California Children and Families Commission to expand and pilot the delivery of integrated early mental health services to the birth-to-5-year-old population. This Initiative expanded to include Humboldt, Riverside, San Francisco, and Stanislaus counties, in addition to the original counties of Alameda, Fresno, Los Angeles, and Sacramento. Goals of the Initiative include piloting approaches in service delivery that support the parent-child relationship, expansion of education and training opportunities for non-mental health and mental health professionals, promotion of interagency and interdisciplinary collaboration, and outcome evaluation.



Collaborative Projects with Interagency Partners

Special Education Early Childhood Administrators Project (SEECAP): This project is contracted by CDE through the San Diego County Office of Education. SEECAP provided training to approximately 600 seasoned and aspiring parent and professional leaders during Symposia 2000. Training was offered on 10 early intervention topics related to compliance and quality practices. Two intensive sessions addressed building leadership skills.

Early Intervention Distance Learning Project: This federally-funded distance learning project is designed to train early intervention personnel in California who provide direct assistance to infants and toddlers with disabilities and their families under Part C of IDEA. California State Universities Sacramento and Northridge, and San Diego State University in collaboration with DDS, received a five-year grant from the U.S. Department of Education, Office of Special Education and Rehabilitative Services, to provide early intervention training using a variety of distance learning formats.

The program includes five academic courses and a field-based practicum leading to a certificate in early intervention, which reflects a demonstration of the competencies required for early interventionists who provide direct intervention to infants and toddlers with disabilities and their families under the ICC's proposed Early Start Personnel Model. Coursework may also be applied to an Early Childhood Special Education credential or a Master's Degree at participating universities.

During the reporting period:

- First year cohorts (27 students total) completed their course of study
- Second year cohorts (28 students total) completed their first year in the program

California Newborn Hearing Screening Program: In collaboration with DDS, the DHS Children's Medical Services Branch continued to implement a statewide comprehensive NHSP. The goal of this program is to identify babies with hearing loss and link them with services by six months of age. Families of infants delivered at California Children Services-approved hospitals, which have been certified by DHS, have the opportunity to have their baby's hearing screened. Infants who do not pass the screening are referred for additional testing after discharge. Access to rescreening, diagnostic evaluation, and treatment is also available. Infants identified with a hearing loss are linked to early intervention services through an established Early Start referral system. The NHSP continued to work with three State-contracted Hearing Coordination Centers in certifying hospitals as Inpatient Infant Hearing Screening Providers. During the reporting period:

- 27 hospitals were certified to participate in the NHSP as Inpatient Infant Hearing Screening Providers
- 42,000 infants had their hearing screened
- 110 infants were identified with hearing loss

Map to Inclusive Child Care: This project, jointly funded during the reporting period by the CDE Child Development Division (CDD), DDS, and the Child Care Health Program, is part of an initiative to create a statewide system of support, training, and resources that allows families barrier-free access to child care. During the reporting period:

- Current policies and effective practices for successful inclusion were identified
- Policy changes needed to improve access to child care for children with disabilities and other special needs were recommended
- Targeted technical assistance to specific counties to further refine the recommendations for successful local implementation was provided through "Models of Inclusion" and technical assistance sites



Policy and Procedural Development

Service Delivery Reform (SDR): Since 1998, DDS, in response to three legislative mandates, has worked in consultation with stakeholder organizations, including infant development programs, to develop recommendations for a performance and consumer outcome-based rate system for the service system. The core mandate of SDR has been to identify what changes are needed for service delivery to focus on and support consumer and family outcomes.

In July 2000, representatives from Early Start joined with representatives from other community-based service programs to form the SDR Committee. This Committee, consisting of consumers, family members, service providers, regional center staff, and others, established common agreement about the underlying values and principles that would focus reform efforts. Using these values, principles, and personal outcomes as a foundation, the SDR Committee developed recommended strategies to support achieving consumer and family outcomes. A quality enhancement process was developed to address the questions, how are we doing, what works, and how can we continue to do better? The quality enhancement process promotes continuous quality improvement through the use of performance measurement data to measure the effectiveness of the service delivery system in the achievement of personal outcomes for consumers and their families. The ICC's proposed Early Start Personnel Model was used as the basis for the development of a multiple pathway personnel model for direct support personnel in California's community-based service delivery system that includes early intervention services.

The SDR Committee's work resulted in the draft report to the Service Delivery Reform Committee that was distributed to committee members and other interested parties on May 15, 2001. Recipients were invited to review the report with their agencies and submit responses to DDS. Following the release of the report, Community-Based Day/Infant Program, Residential, Supported Living Services, and Respite Technical Advisory Rate Groups were formed with provider representatives. Each group recommended an appropriate rate model to provide resources to service providers and to offer technical advice. DDS is working with the four rate groups to develop recommendations to be presented to the full SDR Committee and a proposal to implement SDR during a five-year period contingent on available funding.

ARLY INTERVENTION

Early Start acknowledges the importance of continuing education for personnel providing early intervention services.

PERSONNEL STANDARDS

N CALIFORNIA, EARLY INTERVENTION SERVICES are provided by early interventionists and specialists, including paraprofessionals, from a variety of disciplines through multiple agencies. Early intervention services may be provided by an LEA, a vendored program or a person that contracts with a regional center, another agency, or a combination of these. California assures that personnel who provide Early Start services are appropriately and adequately trained and has standards based on the highest requirements in the State. Early intervention personnel may be certificated, registered, licensed, or credentialed by their professional organization or under contract pursuant to applicable State regulations.

The proposed Early Start Personnel Model (ESPM), approved conceptually by the ICC in March 1999, has been incorporated into California's service delivery reform efforts. The intent of the ESPM was to provide a best practice system approach that allowed personnel to be recognized as qualified to provide services to infants and toddlers and their families throughout California based on comparable early intervention competencies. The "multiple pathways" model would apply to personnel with varying levels of experience, from paraprofessionals to experienced practitioners, and includes the Practitioner Pathway, the Non-Early Intervention Academic Pathway, and the Early Intervention Academic Pathway.

The Early Childhood Special Education credential, issued by the Commission on Teacher Credentialing (CTC), has been in effect since July 1999. CTC also revised its Child Development Permit matrix for the various levels of child development personnel to address inclusion of children with special needs and diversity.

The Community College Personnel Preparation Project, a special project under the Early Start CSPD, continues to implement training programs for early intervention paraprofessionals in 26 California community colleges. The early intervention competencies for paraprofessionals found in the proposed ESPM are infused into core early childhood development classes. Partnering colleges are developing certificate programs for early intervention assistants.

Early Start acknowledges the importance of continuing education for personnel providing early intervention services. Early Start Institutes and other training opportunities supported or endorsed by Early Start continue to bring state-of-the-art information to service providers in California to ensure the delivery of high quality early intervention.



UTURE DIRECTIONS

by Rick Ingraham, Part C Coordinator Department of Developmental Services Community Services and Supports Division Children and Family Services Branch

HROUGHOUT THE PAST YEAR, DDS has continued to provide leadership to promote collaboration in the administration of California Early Start under Part C of IDEA. Several areas warrant increased focus during the next year.

Continued Collaboration

Through the collaborative efforts of parents, early intervention professionals, and State agencies, Early Start has forged a foundation of partnerships across the state. These partnerships are the strength of California's early intervention service system.

Early Start Family Resource Centers and Networks

FRC/Ns are essential partners in Early Start. They provide families in California with a structured, statewide system of family support services and resources, while at the same time being unique, reflecting the needs of the families and strengthening the existing natural supports in their local community. To continue with this work, FRC/Ns need additional resources and technical assistance.

Child Find

One challenge to Early Start is extensive efforts in Child Find, which result in increased referrals to the early intervention system. New referrals have increased every year since the implementation of Early Start. California is also experiencing an increase in the number of children who require intensive services and supports. Additional work remains in outreach to potential referral sources such as child care providers, foster care providers, and other hard-to-reach populations.

Specialized Services

For the past few years there has been a large increase in the number of children who have severe communication problems. These children possibly share characteristics of people identified on the Autistic spectrum. This consistent growth places greater demands on programs that deliver services to children and families. We must continue to build community capacity to serve infants and toddlers and their families with a culturally competent and appropriately trained and qualified staff to ensure full access to quality early intervention services. In addition, California Early Start must coordinate with DDS' Autism Initiative.

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services.

FUTURE DIRECTIONS continued

High-Quality Evidence-Based Services

Through our efforts to support innovative services, service delivery reform, and personnel standards, California is committed to providing high-quality early intervention services to infants and toddlers at risk for and with developmental disabilities and their families. Our work as a system must

- 1. continue to identify "best practices" or evidence-based approaches and
- support early intervention providers with comprehensive training and technical
 assistance to expand innovative service delivery models in natural environments and
 to build service capacity.

Support ICC Committees

The advice and assistance given to DDS by the ICC has been invaluable in addressing the diverse needs and concerns related to our youngest and most vulnerable Californians. The ICC and the work of its committees has helped California fulfill its mission in early intervention as the country's most diverse and populous state.

We look forward to the year ahead knowing that we will meet the many challenges in delivering quality early intervention services through strong partnerships between parents, providers, and State agencies. Together, we will make a difference.

Message from

RAYMOND M. PETERSON, M.D., MPH

Chair, State Interagency Coordinating Council on Early Intervention

of state agency
representatives,
parents, advocates,
service providers,
educators, program
staff, and others, early
intervention services
for infants and
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families have

July 1, 2000 -

improved during the

September 30, 2001

reporting period.

THE STATE INTERAGENCY COORDINATING COUNCIL continued in its role of advising and assisting DDS, Part C lead agency, in implementing California Early Start. Through the diligence of state agency representatives, parents, advocates, service providers, educators, program staff, and others, early intervention services for infants and toddlers with disabilities or at risk of delay and their families have improved during the July 1, 2000 - September 30, 2001 reporting period.

Important work was completed during the reporting period to assist the lead agency to ensure a seamless system of early intervention services. The ICC focused efforts on children with disabilities served by DSS in the foster care system. An ad hoc task force was convened to make recommendations regarding strategies to promote collaboration among agencies and programs for children who are served by both DDS and DSS. The Public Awareness Committee prioritized activities for outreach efforts to foster care providers and agencies.

Discussion about service provision in natural environments continued within the Early Start community. The ICC provided advice and assistance to DDS during the implementation of a statewide plan to support local community efforts as they addressed the natural environments requirements. California continues to actively promote early intervention services provided within natural environments that are based on the child and family's everyday relationships, routines, activities, partnerships, and places.

ICC representatives joined DDS and CDE liaisons, parents, and regional center staff for site monitoring visits to two regional centers. California's Continuous Improvement Plan, submitted to the U.S. Department of Education, Office of Special Education Programs, cited enactment of regulations, training, program evaluation, and tracking complaints as areas in which action had been taken. California has fully implemented the Continuous Improvement Plan and continues to demonstrate its commitment to ensuring high quality early intervention services.

Each of the ICC subcommittees — Public Awareness, Health Systems, Family Support Services, and Quality Assurance and Personnel and Program Standards — continued its efforts in expanding outreach to diverse communities by developing outreach strategies to the foster care system; examining issues such as hearing and vision evaluations and assessments, and strategies to integrate a child's health status into service delivery; ensuring that family priorities are addressed, such as child care for children with disabilities and other special needs; and supporting the development of a competent and qualified early intervention workforce.

Those of us dedicated to bettering the Early Start system were faced with challenges during the past 15 months. However, just as in past years, I believe we demonstrated that no barrier is too difficult to overcome if we are to remain committed to California's children and families.

Message from

ALICE PARKER, Ed.D.

Director, Special Education Division, California Department of Education

DURING THE PAST YEAR, the Special Education Division of CDE continued refining the Verification Review process, which began in 1998. This is a significant accomplishment in light of major staff shortages due to budget cuts and a freeze on hiring state employees. The Verification Review process provides focused monitoring and technical assistance to California schools on compliance with special education statutes, including Part C of IDEA.

Notable achievements in the area of monitoring were made in collaborating with DDS on an interagency agreement to ensure compliance with all statutes and regulations

Notable achievements in the area of monitoring were made in collaborating with DDS on an interagency agreement to ensure compliance with all statutes and regulations related to the delivery of early intervention services. Additionally, CDE expanded training for consultants on early intervention requirements for Verification Review purposes. CDE staff also participated on all DDS full-scope Part C monitoring review teams, which review Early Start programs in regional center catchment areas. CDE also designated a new early intervention liaison to DDS.

A CDE representative was appointed to membership on the ICC. CDE continues to work closely with the ICC and has identified CDE staff to participate on each ICC subcommittee. A packet of information about the 2000-2001 Verification Review process was provided by CDE to the ICC Quality Assurance and Personnel and Program Standards Committee.

Other collaborative activities with DDS involved further improvements to the complaint process provided for in IDEA, to ensure prompt resolution of complaints related to early intervention services and programs. Standards were developed for handling complaints related specifically to the regional center system, to a local education agency, and involving both DDS and CDE. CDE also disseminated the *Composite of Laws* to regional centers and family resource centers, and established an agreement to maintain a central telephone line at CDE for Newborn Hearing Screening Program referrals to Early Start.

In the area of training, CDE conducted field service trainings in Burbank, San Diego, Monterey, and Fresno. Joint field trainings with the Department of Mental Health were held in Redding, Yreka, and Butte County.

CDE also provided representation at the annual National Early Childhood Technical Assistance System meeting as well as the Natural Environments Forum sponsored by DDS. Staff also attended the Association of California School Administrators conference on interagency agreements.

CDE looks forward to continuing a successful partnership with DDS, the ICC, and other Early Start agencies dedicated to assisting and supporting early intervention services.

The Verification
Review process
provides focused
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technical
assistance to
California schools
on compliance
with special

education statutes.

Message from

PATRICIA MOORE

Chair, Family Resource Centers Network of California

The Family
Resource Centers
Network of
California is a
working tribute to
the resiliency and
passion of those
families we serve.

MORE THAN 10 YEARS AGO the Family Resource Centers Network of California (FRCN of CA) was born out of the commitment, vision, and passion of parent leaders. Dedicated to the unification of family resource centers to create a seamless system of services and support, the FRCN of CA stands today as a unique statewide model and valued participant in California Early Start.

A bank of knowledge within each family resource center provides the wealth of the expertise comprised within the FRCN of CA from Oregon to the border of Mexico. Whether large, small, rural, or urban, each family resource center values the mission of this statewide network and holds firm to providing comprehensive, family-centered, and culturally responsive support to families who have children with a developmental delay, disability, or other special need.

We have grown together and hold fast friendships. Our ability to better serve is just a phone call away. In the true spirit of parent-to-parent support, "center-to-center" support is always available to access new resources for the families we serve, brainstorm on organizational policy, increase outreach, gather technological support, collaborate for funding, or just discuss the management of daily activities within the family resource center.

The FRCN of CA has endured, ever pivotal in response to the direction, guidance, and needs of individual family resource centers. The leaders who comprise the FRCN of CA meet the demands of a system forever under enhancement. Those who have the vision and commitment to recognize that when serving families, we can always do better and our job is never done, remain a part of our work.

I celebrate our past and look forward to future accomplishments. I share a hearty welcome to the new leaders that come ready to embrace the foundation of the FRCN of CA and who will guide us with new ideas and talent. This Network is a working tribute to the resiliency and passion of those families we serve. It is an honor to be one small part of this statewide organization, founded by families and professional partners under the guiding principles of California Early Start.

State Interagency Coordinating Council

MEMBERSHIP 2000-2001

Raymond M. Peterson, M.D., MPH

ICC Chairperson

Arleen Downing, M.D.

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State Interagency Coordinating Council

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State Interagency Coordinating Council

CERTIFICATION of the ANNUAL REPORT

THE STATE ICC UNDERSTANDS that Part 303 of the Education Department General Administrative Regulations (EDGAR) require that the lead agency prepare an Annual Performance Report containing information about activities and accomplishments of the 15-month grant period, as well as how funds were spent.

I certify that the ICC has reviewed the information in the State's Annual Report for Federal Fiscal Year 1999 (July 1, 2000 through September 30, 2001) and concur that the content is accurate and complete.

Raymond M. Peterson, M.D., MPH

Chair, State Interagency Coordinating Council on Early Intervention